

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10089500	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51		1		1
2		1		1		1	52		3		1
3		2		1		X	53		3		X
4		2		1		X	54		3		X
5		2		1		X	55		3		1
6		1		1		1	56		3		1
7		1		1		X	57		3		1
8		1		1		X	58		3		1
9		1		1		1	59		1		X
10		2		1		1	60		1		X
11		2		1		1	61		3		X
12		2		1		1	62		3		1
13		2		1		1	63		1		X
14		1		1		1	64		1		X
15		1		1		1	65		1		X
16		1		1		1	66		1		X
17		3		1		X	67				
18		3		1		X	68				
19		3		1		1	69				
20		3		1		1	70				
21		3		1		1	71				
22		3		1		1	72				
23		3		1		1	73				
24		1		1		1	74				
25		1		1		1	75				
26		1		1		1	76				
27		1		1		1	77				
28		1		1		1	78				
29		1		1		1	79				
30		1		1		1	80				
31		1		1		1	81				
32		1		1		1	82				
33		1		1		X	83				
34		1		1		X	84				
35		1		1		X	85				
36		1		1		1	86				
37		1		1		1	87				
38		1		1		1	88				
39		1		1		1	89				
40		1		1		1	90				
41		1		1		1	91				
42		1		1		X	92				
43		1		1		X	93				
44		1		1		X	94				
45		1		1		X	95				
46		1		1		X	96				
47		1		1		X	97				
48	1		1			1	98				
49		1		1		1	99				
50		1		1		1	100				
TOTAL IND.							TOTAL IND.		2		2
TOTAL DEP.							TOTAL DEP.		64		32
TOTAL CLAIMS							TOTAL CLAIMS		66		34